



## CHANGE OF CORRESPONDENCE ADDRESS Application

Address to:  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450.

Application Number	10/644,930
Filing Date	08/21/2003
First Named Inventor	MARA FOX
Art Unit	
Examiner Name	
Attorney Docket Number	MF01U

Please change the Correspondence Address for the above-identified patent application to:

☐ Customer Number :

OR

<input checked="" type="checkbox"/> Firm or Individual Name	DON E. ERICKSON				
Address	LAW OFFICE				
Address	7668 EL CAMINO REAL STE. 104 #627				
City	LA COSTA	State	CA	Zip	92009
Country	US				
Telephone	(760) 918-0520		Fax	(760) 918-0525	

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☐ Applicant/Inventor
- ☐ Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or Agent of record. Registration Number 38,873
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Typed or Printed Name	DON E. ERICKSON	
Signature		
Date	02/17/2004	Telephone (760) 918-0520

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



UNITED STATES PATENT AND TRADEMARK OFFICE

**CHANGE OF ADDRESS  
FOR  
REGISTERED PATENT ATTORNEYS AND AGENTS**

Please use this form to update your correspondence/business and home addresses. The correspondence/business address provided will be the only address posted in the Roster of Agents and Attorneys, unless you indicate otherwise. This address update form must be signed by the attorney or agent and include the registration number.

<b>NAME</b>	<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>REGISTRATION NUMBER (Required)</b>
<input checked="" type="radio"/> Mr. Ms.	<i>ERICKSON</i>	<i>Don</i>	<i>EDWARD</i>	<i>38,873</i>
<b>CORRESPONDENCE / BUSINESS NAME</b> (employer, corporation, law firm, or U.S. Government agency, etc.)				
<i>Law Office</i>				
<b>CORRESPONDENCE / BUSINESS ADDRESS</b> (street, building, suite, etc.)		<i>7668 El Camino Real, Ste 104 #627</i>		
<b>CITY</b>		<b>STATE</b>	<b>ZIP CODE</b>	<b>CORRESPONDENCE / BUSINESS TELEPHONE</b>
<i>La Costa</i>		<i>CA</i>	<i>92009</i>	<i>760-918-0526</i>
<b>HOME ADDRESS</b>		<i>3027 Via Estrada</i>		
<b>CITY</b>		<b>STATE</b>	<b>ZIP CODE</b>	<b>HOME TELEPHONE</b>
<i>Carlsbad</i>		<i>CA</i>	<i>92009</i>	<i>760-438-8842</i>

This address change is only for the roster of Attorneys and Agents and will not change the address of any applications in the patent process.

**Note:** US Government employees must list their agency address as their correspondence address.

If you have any questions regarding your address of record in the Office of Enrollment and Discipline, please call (703) 306-4097

Mail completed form to: Mail Stop OED, United States Patent and Trademark Office,  
P. O. Box 1450, Alexandria, VA 22313-1450

\_\_\_\_\_  
Signature of Registered Attorney or Agent (Required)

\_\_\_\_\_  
Date